California Medi-Cal Dental Program

Denti-Cal Bulletin

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NEW AID CODES 1E, 2E AND 6E

These codes are as a result of the June 24, 2002 court ruling in the Craig v. Bonta lawsuit, when the Department of Health Services was ordered to stop terminating SSI/SSP-linked Medi-Cal for persons who lose SSI/SSP benefits after May 2002. In order to comply with that court order, three aid codes are needed to identify the affected population and to provide benefits until a proper redetermination of eligibility is completed.

Recipients in aid code 1E will be eligible for full scope benefits with no share of cost, valid for the Local Education Agency Medi-Cal Billing option program, the Child Health Disability Prevention program, and are inclusive for baby on mom's ID. The eligibility message will be "Continued Eligibility for the Aged."

Recipients in aid codes 2E will be eligible for full scope benefits with no share of cost, valid for the Local Education Agency Medi-Cal Billing option program, the Child Health Disability Prevention program, and are inclusive for baby on mom's ID. The eligibility message will be "Continued Eligibility for the Blind."

Recipients in aid code 6E will be eligible for full scope benefits with no share of cost, valid for the Local Education Agency Medi-Cal Billing option program, the Child Health Disability Prevention program, and are inclusive for baby on mom's ID. The eligibility message will be "Continued Eligibility for the Disabled."

1E Craig v. Bonta Continued Eligibility for the Aged. Aid code 1E covers former SSI beneficiaries who are aged (with the exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their Medi-Cal eligibility. Provides fee-for-service full scope Medi-Cal without a share of cost and with federal financial participation.

2E Craig v. Bonta Continued Eligibility for the Blind. Aid code 2E covers former SSI beneficiaries who are blind (with the exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their Medi-Cal eligibility. Provides fee-for-service full scope Medi-Cal without a share of cost and with federal financial participation.

6E Craig v. Bonta Continued Eligibility for the Disabled. Aid code 6E covers former SSI beneficiaries who are disabled (with the exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their Medi-Cal eligibility. Provides fee-for-service full scope Medi-Cal without a share of cost and with federal financial participation.

NEW AID CODES 1X AND 1Y: MULTIPURPOSE SENIOR SERVICES PROGRAM WAIVER

These codes are as a result of the Department of Aging Multipurpose Senior Services Program (MSSP) waiver amendment to allow for transitional services that were provided in an institution to support the de-institutionalization of a Medi-Cal individual once the individual leaves the institution. Additionally, these aid codes will allow the county to determine eligibility using special institutional deeming rules (spousal impoverishment) for a person who moves from the institution and returns home to their spouse, or for a person who is already living in the community.

Recipients in aid code 1X will be eligible for full scope benefits with no share of cost. The eligibility message will be "Multipurpose Senior Services Program - No SOC."

Recipients in aid code 1Y will be eligible for full scope benefits with a share of cost. The eligibility message will be "Multipurpose Senior Services Program - with SOC."

1X Multipurpose Senior Services Program waiver provides full scope benefits, MMSP transitional and non-transitional services, with no share of cost and with federal financial participation.

1Y Multipurpose Senior Services Program waiver provides full scope benefits, MSSP transitional and non-transitional services, with a share of cost and with federal financial participation.

HELPFUL HINTS TO ENSURE SPEEDY PROCESSING OF CLAIMS AND TREATMENT AUTHORIZATION REQUESTS (TARs)

Before submitting either a claim for payment or a TAR for processing, verify that *all* necessary information is included, submitting sufficient description and detail to ensure prompt approval and the expediting of payment for services rendered.

The following list pinpoints areas on these and other forms where information is most frequently missing:

- ✓ list teeth to be replaced and/or clasped,
- ✓ tooth number, letter, arch or quadrant (box 26),
- ✓ surfaces (box 27),
- ✓ description of service including x-rays, prophylaxis and materials used (box 28),
- ✓ date of service (box 29),
- ✓ procedure number (box 31),
- ✓ fee (box 32), and
- ✓ the rendering provider's Medi-Cal provider number (box 33).

Submission of incomplete forms may result in processing and payment delays, possibly requiring that Denti-Cal send a Resubmission Turnaround Document (RTD).

REMINDER: BILLING LIMITATIONS FOR PROCEDURES 110 AND 111

Under the Denti-Cal program, during a 12-month period providers may bill a maximum of 20 intraoral periapical x-rays (procedures 110/111) for an individual patient. If a provider submits a claim for procedures 110 and/or 111 and patient history indicates the provider has already billed for the maximum within the last 12 months, the procedures will be denied with adjudication reason code 030D, which reads as follows:

> **030D** An adjustment has been made for the maximum allowable x-rays. Procedures 110/111 limited to 20 in any consecutive 12-month period.

As a reminder all other criteria for billing x-ray procedures still apply. Please refer to the Manual of Criteria in Section 4 of your *Denti-Cal Provider Manual* for the policies governing x-ray procedures.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.